

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28510

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 232

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 109 St. Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 yrs. (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME

Hattie Lee Pollard

3. (b) If veteran,

name was \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Leon Pollard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 27, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Caldwell, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired

11. Industry or business

Retired

MOTHER FATHER { 12. Name Jessie Butts  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Fanny Penney  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Pollard (Son)

(b) Address Independence Mo

17. (a) Burial (b) Date thereof Sept 5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Eaton & Speaks

(b) Address Independence Mo

19. (a) Sept 4 41 (b) F. R. Cook M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 109 St. Park  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3  
year 1941 hour 11 minute 11 A. M.

21. I hereby certify that I attended the deceased from April 2 1941 to Sept 3 1941  
that I last saw him alive on Aug 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 9 yrs  
Due to Arterio-sclerosis  
Cachectic & insurrection 5 mo

Due to \_\_\_\_\_  
Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Text Allen (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed 9-4-41

310 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.

*Coland R. Speaks*

Licensed Embalmer No. 3604

P. O. Address Independence

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**